Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953426	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE MANOR	1401 16TH STREET SARASOTA, FL 34236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments These are the results for Complaint survey CCR# 2012008821 completed on [redacted] at Renaissance Manor, an Assisted Living Facility. There were three allegations in this complaint of which two were confirmed.	A 000		
A 004	58A-5.016 FAC Licensure - Requirements License Requirements. (1) SERVICE PROHIBITION. An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide. (2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility ' s capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation requirements as referenced in Rule 58A-5.0161, F.A.C. (4) CHANGE IN USE OF SPACE REQUIRING FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without prior approval from the Agency Field Office.	A 004		

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A 004	Continued From page 1 Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation standards as referenced in Rule 58A-5.0161, F.A.C. (5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. " Contiguous property " means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part I, Chapter 429, F.S., and this rule chapter. (6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 429.14, F.S., and Rule 58A-5.033, F.A.C. (7) MEDICAID WAIVER RESIDENTS. Upon request, the facility administrator or designee must identify Medicaid waiver residents to the agency and the department for monitoring purposes authorized by state and federal laws. (8) THIRD PARTY SERVICES. (a) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or their representatives decline the assistance. The	A 004		

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A 004	Continued From page 2	A 004		

declination of assistance must be reviewed at least annually. These actions must be documented in the resident ' s record.
(b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident ' s record.
(c) The facility ' s facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility ' s efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident ' s record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to provide only those services for which they are licensed.

The findings include:

On : at 9:30 a.m. the Assistant Administrator stated the facility has 14 independent residents. Some of these independent residents live in the "Cottage" a building located on the contiguous property. The Assistant Administrator stated, three independent residents live in a building identified as "1481" which is the address of the property. This property is not on the contiguous property. The Assistant Administrator stated the medications for

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A 004	Continued From page 3 the all of the independent resident living in the "Cottage" have their medications centrally stored in the facility's nursing station. The facility assist these independent residents with the self-administration of their medications. There are 3 independent residents residing at the property identified as "1481." One of these independent residents have their medications centrally stored at the facility's nursing station. The facility assist this independent resident with the self-administration of their medication. Record review found the facility maintains Medication Observation for the independent residents residing in the "Cottage" and the 1 independent resident residing in the "1481" residence. On 9/04 2:30 p.m. the residence identified as "1481" was observed. This address was observed to be on the same side of the street as the facility. It was observed that one house and one vacant lot lay between the "1481" residence and the facility's property. Class III Correction Date: 10/1	A 004		
030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C.	A 030		

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A 030	Continued From page 4	A 030		

(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida _____ Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the

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A 030	Continued From page 5	A 030		

facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from . . . . and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can

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A 030	Continued From page 6 demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a [illegible] his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a	A 030		

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A 030	Continued From page 7 facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on interview observation and policy review, the facility failed to provide an environment free from for 3 (Residents #1, #2, and #5) of 5 residents, implement an appropriate grievance policy where residents can voice their grievances at any time and post the Agency for Health Care Administration (AHCA) hotline number in an area accessible to residents. The findings include: 1. On at 10:50 a.m. Resident #1 was	A 030		

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A 030	Continued From page 8	A 030		

interviewed he stated, "Sometimes they get a little verbal in an [redacted] way." He went on to say the staff members mock his religion and they call him a, "Devil whisperer." He added that members of staff tell him his religion scares the other residents. Resident #1, A Limited Mental Health resident, states he recently purchased a touchscreen phone and was picked on by the Resident Care Supervisor (RCS). Resident #1 stated the RCS told him, "I don't think you are able to handle a touchscreen phone."

An interview was conducted with Resident #2 on [redacted] at 11:29 a.m. Resident #2 stated, "They treat the residents like [expletive]." He also stated, the staff yells at the residents. Resident #2 added, "They just don't treat residents with respect. I don't feel comfortable talking to [the RCS, the Life Skills Director (LSD) or the Assistant Administrator]. He also stated, "I don't want them finding out I said anything to you. They can kick me out of here." He was afraid that he would get in trouble if the staff members knew he was talking to the surveyors.

An interview was conducted with Resident #3 on [redacted] at 12:05 p.m. When asked how he likes the facility Resident #3 stated, "It's better than nothing. " When questioned about the way the staff treats him and other resident he stated, "Well the staff, you have to learn how to deal with. It's hard to get use to their style. Sometime they are shouting or offending people. It depends on how you take it." He said he does not remember if he was [redacted]. He then went on to say, "I don't want to get in trouble with them for reporting." If I get into trouble my [expletive] is grass."

Resident #4 was interviewed at 12:54 p.m. on [redacted]. When asked how the staff treats him, he replied, "Oh they all right to me." He was then asked how the staff treats other residents "Well

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A 030	Continued From page 9 maybe they are a little rude sometimes. They sometimes act like they are immensely "I think they degrade some people. Well they seem to degrade Resident #5." "I don't know how to explain it. It's just an attitude. I feel sorry for Resident #5. "He went on to say, "I know this is the wrong thing to do, because as soon as you leave I'll get hell." He states they yell at the resident for everything they find, "critical." "They [the staff] could have a better attitude. He added, Resident #4 did not feel comfortable naming the staff member who he witnessed verbally abusing Resident #5 and other residents. Resident #5 was interviewed on at 1:16 p.m. Resident #5 states she likes it at this facility. She admitted to being yelled at by members of the staff. She stated, "I guess I'm used to it." The RCS was interviewed on at 1:48 p.m. He denied verbally abusing the residents as well as knowing other staff member who verbally residents. The LSD was interviewed at 2:35 p.m. of the same day. She denied any She stated Staff A has had a few complaints. The Assistant Administrator was interviewed at 2:37 p.m. on She stated, "We definitely try not to be mean to our residents." "We're dealing with mentally ill, so sometimes they take things the wrong way." Staff A was interviewed on the same day at 3:07 p.m. She denied being involved in the aware of against residents. She also denied knowing of other staff members who are verbally When told she was the accused by multiple people (staff and residents) she said, Oh, [Surveyor] that is an awful lie." Staff A's Employee Performance Evaluation was reviewed. The comment section read, "Sometimes displays attitude when does not understand certain processes." Under major	A 030		

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weak points category the evaluation list, "Display negative attitude when misunderstands arise."
2. On [redacted] 12:49 a.m. the Assistant Administrator was asked for the facilities grievance log/records. She stated there is no grievances log and all grievances were handled in the Resident Council meeting. A copy of the grievance policy was requested.
The Grievance policy was reviewed on [redacted]. The policy states grievances are to be voiced in the monthly resident council meeting. It reads, "A monthly resident council meeting will be held once a month to allow for a resident's participation in participation in suggestions or feedback as well as a forum for voicing any grievances the resident may have."
"The Grievance Procedure enforces the monthly time period allotted for voicing. It reads, "A monthly resident council meeting will be held as an opportunity for the resident's to gather and voice any feedback positive it otherwise in the individual facility departments or recommendations. Problems with other residents as a whole etc. This is an opportunity for the resident to voice any suggestions or grievances. Minutes are kept if the resident council and forwarded to administration for evaluation, investigation and correction of any grievances, as necessary. Administration will speak to the individual departments regarding any grievances, as necessary/suggestion, as needed. Any necessary responses it resolutions will be recorded on the resident council minutes. The resident may speak directly and confidential to the administration regarding any problems and/or grievances. Any grievances/complaints submitted in handwriting will be documented/responded to also in writing."
During the exit conference on [redacted] at approximately 4:15 p.m. the Executive Director

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A 030	Continued From page 11 confirmed this is the period of time where residents can voice their grievances. He also stated anonymous surveys are mailed to the residents. He admits most of the surveys are not returned and the ones that are returned usually have good remarks. 3. On [redacted] at 11:29 a.m. an interview was conducted with Resident #2. During the course of the interview Resident #2 stated the number for AHCA was not posted. On [redacted] at approximately 11:45 a.m. A board outside of the Assistant Administrator's office was observed. The board contained information and numbers for other agencies. The number to the AHCA hotline was not observed on the board. On [redacted] at 12:18 a.m. The Assistant Administrator was questioned as to where the AHCA number was posted. The Assistant Administrator stated she thought it was posted on the board (outside of her office). Class III Correction Date: [redacted]	A 030		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Renaissance Manor
1401 16th Street
Sarasota, FL 34236

Dear Administrator:

Re: CCR #2012008821

This letter reports the findings of a Complaint survey that was conducted on 2012 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372